

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

6696

CERTIFICATE OF DEATH

06697

166

Reg. Dist. No.

1. PLACE OF DEATH COUNTY GARRETT CITY (If outside corporate limits, write RURAL OR TOWN) RURAL-SWANTON HOSPITAL OR INSTITUTION OR STREET ADDRESS RT. #2-NORTH GLADE				2. USUAL RESIDENCE (HOME) OF DECEASED STATE MARYLAND COUNTY GARRETT CITY (If outside corporate limits, write RURAL and give nearest town) Rural-SWANTON STREET ADDRESS (If rural give location) RT. #2-NORTH GLADE			
3. NAME OF DECEASED (Type or Print) (First) SUSIE (Middle) ELIZABETH (Last) BECKMAN				4. DATE OF DEATH (Month) JULY (Day) 4 (Year) 1955			
5. SEX Female		6. COLOR OR RACE White		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Aug. 30, 1875	
9. AGE last birthday 79 yrs.		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during usual working hours, even if retired) Housework				10b. KIND OF BUSINESS OR INDUSTRY Own home		11. BIRTHPLACE (State or foreign country) Garrett Co., Md.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.							
13. FATHER'S NAME EDWARD SCOTT GILPIN				14. MOTHER'S MAIDEN NAME CLARA ELLEN HARMAN			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no (blank).) (If Yes, give war or dates of service) NO				16. SOCIAL SECURITY NO. NONE		17. INFORMANT & ADDRESS EARL S. BECKMAN, RT. 2, Swanton, Md.	
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 331X IMMEDIATE CAUSE (A) Acute Myocardial Infarction						3 days	
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Cerebral Hemorrhage with rt sub. paralysis						10 days	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. (C)							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from June 24, 1955 to July 4, 1955 , that I last saw the deceased alive on July 3, 1955 , and that death occurred at 1:37 A.M. from the causes and on the date stated above.							
SIGNATURE Ralph Colandrea		M.D. R. E. Gentry		ADDRESS (Street, city, town, state) North Glade, Garrett, Md.		DATE SIGNED July 5-55	
23. BURIAL, CREMATION, REMOVAL (Specify) Burial		DATE THEREOF 7/6/55		NAME OF CEMETERY OR CREMATORY ROSE HILL CEMETERY		LOCATION (City, town, or county) (State) NORTH GLADE, Garrett, Md.	
24. REC'D BY REGISTRAR 7/6/55		REGISTRAR'S SIGNATURE Julia Rowan		25. FUNERAL DIRECTOR'S SIGNATURE Oliver A. Sharpley		ADDRESS Blaine, W. Va.	

CERTIFICATE OF DEATH

1955-01-14

CARROLL

BARKLEY

BARKLEY - SWANSON

RT. 2-NORTH CLARK

RT. 2-NORTH CLARK

DEATH JULY 4, 1955

MILWAUKEE BROOKLYN

RUELL

99

DECEASED JULY 20, 1955

MARRIED

MALE WHITE

U.S.A.

CARROLL CO., MD.

CARROLL CO., MD.

HOUSWORK

CLARK RIVER TOWN

EDWARD SCOTT CLARK

CLARK RIVER TOWN, MD.

*Count the number of deaths
Count the number of deaths
and families*

BUREAU V. 2

JUL 11 1955

RECEIVED

ROSE HILL CEMETERY NORTH GREEN, CT.

Clara A. Clark

*July 22
July 22*

7/22/55

1955

INSTRUCTIONS

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2 **TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

06698

6697

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY Garrett MARYLAND				STATE Maryland COUNTY Garrett			
CITY (If outside corporate limits, write RURAL and give nearest town) OR Rural, near Swanton				CITY (If outside corporate limits, write RURAL and give nearest town) OR Rural, near Swanton			
LENGTH OF STAY (in this place) life time				TOWN Rural, near Swanton			
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location)			
3. NAME OF DECEASED (First) (Middle) (Last) Achibald Riley Bernard				4. DATE OF DEATH (Month) (Day) (Year) 7 11 19 55			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH 1/26/1874	9. AGE last birthday 81 yrs.	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer			10b. KIND OF BUSINESS OR INDUSTRY Backbone Mt. near Chestnut Grove, Md.		12. CITIZEN OF WHAT COUNTRY? U. S. A.		
13. FATHER'S NAME John Edward Bernard				14. MOTHER'S MAIDEN NAME Eliza Sharpless			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)			16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS Mrs. Fannie O'Brien, Swanton, Md.		
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						18. MEDICAL CERTIFICATION	
442X IMMEDIATE CAUSE (A) Acute Myocardial Infarction						INTERVAL BETWEEN ONSET AND DEATH 3 days	
ANTECEDENT CAUSE(S) DUE TO (B) Coronary Vascular Heart Disease							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO (C) with edema						12 yrs.	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Acute Cellulitis						2 mo.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21a. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21i. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from June 19 54, to July 11 19 55, that I last saw the deceased alive on July 11 19 55, and that death occurred at 11:35 P.M. from the causes and on the date stated above.							
SIGNATURE Ralph Calandrella				ADDRESS (Street, city, town, state) Kitzmiller, Md.		DATE SIGNED July 13 55	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF 7/14/55		NAME OF CEMETERY OR CREMATORY Lohn Cemetery,		LOCATION (City, town, or county) (State) near Swanton, Md.	
24. REC'D BY REGISTRAR 7/14/55		REGISTRAR'S SIGNATURE Julius H. Rowan		25. FUNERAL DIRECTOR'S SIGNATURE Emory Bolden		ADDRESS Oakland, Md.	

CERTIFICATE OF DEATH

NAME OF DECEASED: **Robert, Earl Swanton**
 SEX: **Male**
 AGE: **38**
 DATE OF DEATH: **April 21, 1955**
 PLACE OF DEATH: **Home**
 CAUSE OF DEATH: **Heart Disease**

DECEASED'S ADDRESS: **1000 Beacon Street, Boston, Mass.**
 OCCUPATION: **Engineer**
 MARITAL STATUS: **Married**
 SPOUSE'S NAME: **Elizabeth Swanton**
 DECEASED'S BIRTH: **April 21, 1917**
 PLACE OF BIRTH: **Massachusetts**
 DECEASED'S FATHER: **Robert Swanton**
 DECEASED'S MOTHER: **Elizabeth Swanton**

Heart Disease
Coronary Artery Disease
with atherosclerosis
Heart Failure

BUREAU V. 2

APR 21 1955

RECEIVED

APR 22 1955
 Ralph C. [illegible]

MASSACHUSETTS DEPARTMENT OF HEALTH - BOSTON

1

INSTRUCTIONS

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VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

6699

CERTIFICATE OF DEATH

06699

Reg. Dist. No. 166

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>GARRETT</u>		STATE <u>MD</u> COUNTY <u>GARRETT</u>		CITY (If outside corporate limits, write RURAL and give nearest town)		CITY (If outside corporate limits, write RURAL and give nearest town)	
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		TOWN <u>RURAL GORMAN MD</u>		TOWN <u>RURAL GORMAN MD</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS		(If rural give location)	
3. NAME OF DECEASED (First) (Middle) (Last)				4. DATE OF DEATH (Month) (Day) (Year)			
<u>JAMES MADISON CASSIDY</u>				<u>JULY - 27 1955</u>			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR		IF UNDER 24 HRS.
<u>MALE</u>	<u>WHITE</u>	<u>MARRIED</u>	<u>AUG - 9 - 1867</u>	<u>87</u> yrs.	Months	Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
<u>FARMER</u>				<u>ST. GEORGE W. VA.</u>		<u>U. S.</u>	
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
<u>JOHN CASSIDY</u>				<u>MARY ELIZABETH HEBB</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS			
<u>NO</u>				<u>ALVA R. CASSIDY, WILSON, W. VA.</u>			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						18. MEDICAL CERTIFICATION	
IMMEDIATE CAUSE (A) <u>PULMONARY TUBERCULOSIS</u>						INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSE(S) DUE TO							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE							
STATING UNDERLYING CAUSE LAST. DUE TO							
(C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.						<u>MA2 NUTRITION</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> et work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>JULY 10, 1955</u> , to <u>JULY 14, 1955</u> , that I last saw the deceased alive on <u>JULY 14, 1955</u> , and that death occurred at <u>1:30 A.M.</u> from the causes and on the date stated above.							
SIGNATURE <u>Edw. Braun Gartner</u> M.D.				ADDRESS (Street, city, town, state) <u>25 Alder St - Oakland MD</u> DATE SIGNED <u>7/28/55</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
<u>BURIAL</u>		<u>JULY 30 - 1955</u>		<u>FAIRVIEW CEMETERY</u>		<u>NEAR PARSONS W. VA.</u>	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
<u>July 28/55</u>		<u>Julius A. Rowan</u>		<u>Emory Bolden</u>		<u>OAKLAND MD.</u>	

ROYAL CANADIAN MOUNTED POLICE

173 ЯЛН-Э

[illegible]

John Cassidy
Mary Elizabeth Herib

BUREAU A. S.

AUG 9 1955

RECEIVED

CERTIFICATE OF DEATH

Reg. Dist. No. 168

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>Garrett County</u>		MARYLAND		STATE <u>Maryland</u>		COUNTY <u>Garrett</u>	
CITY (If outside corporate limits, write RURAL OR and give nearest town) <u>X</u> TOWN <u>Rt. 2, Frostburg</u>		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Rt. 2, Frostburg</u> <u>X</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>00</u>				STREET ADDRESS (If rural give location) <u>1</u>			
3. NAME OF DECEASED: (First) (Middle) (Last) <u>GEORGE SAMUEL Durr</u>				4. DATE (Month) (Day) (Year) OF DEATH: <u>July 10, 1955</u>			
5. SEX: <u>male</u>	6. COLOR OR RACE: <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) <u>Married</u>	8. DATE OF BIRTH: <u>March 14, 1902</u>	9. AGE last birthday <u>53</u> yrs.	IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <u>Miner</u>		10B. KIND OF BUSINESS OR INDUSTRY: <u>Fire Clay</u>		11. BIRTHPLACE (State or foreign country): <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME: <u>Louis Durr</u>				14. MOTHER'S MAIDEN NAME: <u>Rebecca Miller</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) <u>9</u>		16. SOCIAL SECURITY NO. <u>212-10-9257</u>		17. INFORMANT & ADDRESS: <u>Mrs. Geo. S. Durr, Rt. 2, Frostburg</u>			
18. MEDICAL CERTIFICATION							
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE <u>151X</u> (A) <u>Carcinoma Stomach</u> DUE TO						<u>3 months</u>	
ANTECEDENT CAUSE (S): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) <u>metastatic carcinoma liver</u> DUE TO							
(C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION: <u>0</u>		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work at work		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>July 7, 1955</u> , to <u>July 10, 1955</u> , that I last saw the deceased alive on <u>July 10</u> , 19 <u>55</u> , and that death occurred at <u>11:00 PM</u> , from the causes and on the date stated above. SIGNATURE <u>John B. Davis, M.D.</u> ADDRESS <u>Frostburg, Md.</u> DATE SIGNED <u>7/11/55</u>							
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>7-13-1955</u>		NAME OF CEMETERY OR CREMATORY <u>Mt. Zion Cemetery</u>		LOCATION (City, town, or county) (State) <u>Garrett County, Md.</u>	
DATE REC'D BY LOCAL REGISTRAR <u>7/12/55</u>		REGISTRAR'S SIGNATURE <u>Mrs. Julius Michael</u>		24. FUNERAL DIRECTOR <u>J. R. Durst</u>		ADDRESS <u>Frostburg, Md.</u>	

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUL 15 1955

BUREAU V. S.

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

06701

CERTIFICATE OF DEATH

Reg. Dist. No.

6700

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>GARRETT</u>		STATE <u>MARYLAND</u>		STATE <u>CUMBERLAND</u> COUNTY <u>ALLEGHENY</u>			
CITY (If outside corporate limits, write RURAL OR and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
TOWN <u>OAKLAND, MD.</u>		<u>17 MOS.</u>		TOWN <u>CRESAPTOWN, MD.</u>		<u>01X-2</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location)			
<u>90 WEEKS NURSING HOME</u>				<u>OAKLAND, MD.</u>			
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH			
<u>ALBERT EDWARD ELLIS</u>				<u>JULY 31 1955</u>			
5. SEX		6. COLOR OR RACE		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)		8. DATE OF BIRTH	
<u>MALE</u>		<u>WHITE</u>		<u>WIDOWED</u>		<u>MARCH 8, 1888</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		9. AGE last birthday		11. BIRTHPLACE (State or foreign country)	
		<u>RETIRED</u>		<u>67</u> yrs.		<u>BALTIMORE, MD.</u>	
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
<u>HENRY ELLIS</u>				<u>HELEN CHESNEY</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS			
<u>NO</u>		<u>214-07-6800</u>		<u>LOUISE KRAFF CUMBERLAND, MD.</u>			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						18. MEDICAL CERTIFICATION	
422.1 IMMEDIATE CAUSE (A) <u>Probable cerebral vascular</u>						INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSE(S) DUE TO <u>Accident</u>						<u>2 days</u>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO <u>Arteriosclerotic Cardiovascular Disease - years</u>							
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <u>Previous stroke</u>							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (M.)		21e. INJURY OCCURRED While <input type="checkbox"/> at work Not while <input type="checkbox"/> at work		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>July 30, 1955</u> to <u>July 31, 1955</u> , that I last saw the deceased alive on <u>July 30, 1955</u> , and that death occurred at <u>12:30 A.M.</u> from the causes and on the date stated above.							
SIGNATURE <u>Thomas J. Gushy</u> M.D.				ADDRESS (Street, city, town, state) <u>Oakland md</u> DATE SIGNED <u>7/31/55</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
<u>Removal</u>		<u>Aug 3-1955</u>		<u>St George</u>		<u>Mt Savage md</u>	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE			
<u>7/31/55</u>		<u>Julia Rowan</u>		<u>Emory Bolden Oakland Md</u>			

RECEIVED

AUG 9 1955

BUREAU V. 2

1. NAME OF DECEASED		2. SEX		3. AGE	
4. PLACE OF BIRTH		5. OCCUPATION		6. MARITAL STATUS	
7. DATE OF DEATH		8. TIME OF DEATH		9. CAUSE OF DEATH	
10. PLACE OF DEATH		11. SIGNATURE OF DECEASED		12. SIGNATURE OF WITNESS	
13. SIGNATURE OF DECEASED		14. SIGNATURE OF WITNESS		15. SIGNATURE OF WITNESS	
16. SIGNATURE OF WITNESS		17. SIGNATURE OF WITNESS		18. SIGNATURE OF WITNESS	
19. SIGNATURE OF WITNESS		20. SIGNATURE OF WITNESS		21. SIGNATURE OF WITNESS	
22. SIGNATURE OF WITNESS		23. SIGNATURE OF WITNESS		24. SIGNATURE OF WITNESS	
25. SIGNATURE OF WITNESS		26. SIGNATURE OF WITNESS		27. SIGNATURE OF WITNESS	
28. SIGNATURE OF WITNESS		29. SIGNATURE OF WITNESS		30. SIGNATURE OF WITNESS	
31. SIGNATURE OF WITNESS		32. SIGNATURE OF WITNESS		33. SIGNATURE OF WITNESS	
34. SIGNATURE OF WITNESS		35. SIGNATURE OF WITNESS		36. SIGNATURE OF WITNESS	
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73. SIGNATURE OF WITNESS		74. SIGNATURE OF WITNESS		75. SIGNATURE OF WITNESS	
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79. SIGNATURE OF WITNESS		80. SIGNATURE OF WITNESS		81. SIGNATURE OF WITNESS	
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88. SIGNATURE OF WITNESS		89. SIGNATURE OF WITNESS		90. SIGNATURE OF WITNESS	
91. SIGNATURE OF WITNESS		92. SIGNATURE OF WITNESS		93. SIGNATURE OF WITNESS	
94. SIGNATURE OF WITNESS		95. SIGNATURE OF WITNESS		96. SIGNATURE OF WITNESS	
97. SIGNATURE OF WITNESS		98. SIGNATURE OF WITNESS		99. SIGNATURE OF WITNESS	
100. SIGNATURE OF WITNESS		101. SIGNATURE OF WITNESS		102. SIGNATURE OF WITNESS	

CERTIFICATE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH - BALTIMORE, MD

REGISTERED

THIS CERTIFICATE OF DEATH IS A STATUTORY REQUIREMENT OF THE MARYLAND DEPARTMENT OF HEALTH. IT IS TO BE COMPLETED BY THE PHYSICIAN WHO ATTENDS THE DECEASED, OR BY THE ATTENDING NURSE, OR BY THE CORONER, OR BY THE JURY, OR BY THE DECEASED, OR BY ANY OTHER PERSON WHO HAS KNOWLEDGE OF THE CAUSE OF DEATH. IT IS TO BE FILED WITH THE DEPARTMENT OF HEALTH, BALTIMORE, MD, AND A COPY IS TO BE FURNISHED TO THE LOCAL HEALTH DEPARTMENT, AND TO THE COUNTY CLERK, AND TO THE VITAL RECORDS DIVISION, AND TO THE DEPARTMENT OF HEALTH, BALTIMORE, MD.

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

06702

6721

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY GARRETT	MARYLAND	STATE MARYLAND	COUNTY GARRETT
CITY (If outside corporate limits, write RURAL OR and give nearest town) OAKLAND	LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SWANTON	
HOSPITAL OR INSTITUTION OR STREET ADDRESS GARRETT COUNTY MEMORIAL HOSP.		STREET ADDRESS (If rural give location)	
3. NAME OF DECEASED (First) (Middle) (Last)		4. DATE OF DEATH (Month) (Day) (Year)	
KATIE FRIEND		JULY 9, 1955	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED	8. DATE OF BIRTH MARCH 12, 1889
		9. AGE last birthday 66 yrs.	IF UNDER 1 YEAR (Months) (Days) (Hours) (Min.)
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) MARYLAND
13. FATHER'S NAME KNOX, JOHN		14. MOTHER'S MAIDEN NAME DURST, BARBARA	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)		17. INFORMANT & ADDRESS ELIZABETH KNOX, DEER PARK, MD	
16. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
420.0 IMMEDIATE CAUSE (A) Myocardial Infarction			12 hrs
ANTECEDENT CAUSE(S) DUE TO (B) Sclerotic Heart Disease			10 yrs
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Auricular Disarrangement			
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 10-8 , 19 55 , to 7-8 , 19 55 , that I last saw the deceased alive on 7-8 , 19 55 , and that death occurred at 1:40 P.M. , from the causes and on the date stated above.			
SIGNATURE J. H. Denton		ADDRESS (Street, city, town, state) 58 2nd St. Oakland, Cal.	
DATE 7/12/55		DATE SIGNED	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		24. REC'D BY REGISTRAR	
DATE THEREOF 7/12/55		REGISTRAR'S SIGNATURE Julius A. Rowan	
NAME OF CEMETERY OR CREMATORY Glendale Cemetery		LOCATION (City, town, or county) (State) near Oakland, Md.	
25. FUNERAL DIRECTOR'S SIGNATURE Emory Baldwin		ADDRESS Oakland, Md.	

CERTIFICATE OF DEATH

DEATH AND CAUSE OF DEATH TO BE FILLED BY

A. A. MORTUARY

DATE OF DEATH

TIME OF DEATH

PLACE OF DEATH

DATE OF BIRTH

TIME OF BIRTH

PLACE OF BIRTH

DATE OF DEATH

TIME OF DEATH

PLACE OF DEATH

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DATE OF DEATH

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PLACE OF DEATH

DEATH AND CAUSE OF DEATH TO BE FILLED BY

A. A. MORTUARY

DATE OF DEATH

TIME OF DEATH

PLACE OF DEATH

DATE OF BIRTH

TIME OF BIRTH

PLACE OF BIRTH

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PLACE OF DEATH

DEATH AND CAUSE OF DEATH TO BE FILLED BY

A. A. MORTUARY

DATE OF DEATH

TIME OF DEATH

PLACE OF DEATH

DATE OF BIRTH

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DATE OF DEATH

TIME OF DEATH

PLACE OF DEATH

BUREAU V. 2

JUL 21 1955

RECEIVED

Office Secretary

County Health Department

INSTRUCTIONS

1 after death.

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 06703
166

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY GARRETT		STATE MARYLAND		COUNTY GARRETT			
CITY (If outside corporate limits, write RURAL and give nearest town) OAKLAND		LENGTH OF STAY (Specify) 20 days		CITY (If outside corporate limits, write RURAL and give nearest town) VINDEX			
HOSPITAL OR INSTITUTION OR STREET ADDRESS GARRETT COUNTY MEMORIAL HOSPITAL				STREET ADDRESS (If rural give location) EAST VINDEX			
3. NAME OF DECEASED (First) CORBET (Middle) ROOSEVELT (Last) HARVEY				4. DATE OF DEATH (Month) JULY (Day) 20 , (Year) 1955			
5. SEX Male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH JUNE 25, 1902		9. AGE last birthday 53 yrs.	IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if minor) Miner		10b. KIND OF BUSINESS OR INDUSTRY Coal mines		11. BIRTHPLACE (State or foreign country) GARRETT CO., MD.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME ALBERT HARVEY				14. MOTHER'S MAIDEN NAME BETTY SMITH			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or unk.) NO		16. SOCIAL SECURITY NO. 201-688-861		17. INFORMANT & ADDRESS Hilawatha Harvey, Vindex, Md.			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						18. MEDICAL CERTIFICATION	
260X IMMEDIATE CAUSE (A) <i>Mesenteric Thrombosis</i> ANTECEDENT CAUSE(S) DUE TO (B) <i>Diabetes Mellitus & Coma</i> DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO (C) <i>Diabetes Mellitus</i>						INTERVAL BETWEEN ONSET AND DEATH 30 hours 42 hours unknown	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>18 July, 1955</i> to <i>20 July, 1955</i> , that I last saw the deceased alive on <i>20 July, 1955</i> , and that death occurred at <i>6:30 A.M.</i> from the causes and on the date stated above. SIGNATURE <i>Andrew E. Mance</i> M.D. ADDRESS (Street, city, town, state) <i>Oakland Md</i> DATE SIGNED <i>20 July 55</i>							
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF July 22/55		NAME OF CEMETERY OR CREMATORY Harvey Cemetery		LOCATION (City, town, or county) (State) Shaw, Garrett Co., Md.	
24. R.C.D. BY REGISTRAR <i>July 20 1955</i>		REGISTRAR'S SIGNATURE <i>Julia P. Rogers</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Othello Sharpley</i>		ADDRESS Blaine, W. Va	

CERTIFICATE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE 12

CARROLL

MARYLAND

CARROLL

WILMINGTON

WILMINGTON

WILMINGTON

WEST VIRGINIA

CARROLL COUNTY MEMORIAL HOSPITAL

DECEASED

ROOSEVELT HARVEY

COMBAT

SS

JULY 28, 1908

single

Male white

U.S.A.

CARROLL CO., MD.

Coal mines

single

BRITISH

BETTY

HARVEY

ALBERT

NO

201-888-881

Alameda Harvey, Index, 18.

BUREAU V. 1

33 1955

RECEIVED

July 30 Harvey Cemetery

Index

RECEIVED

THE DEPARTMENT OF HEALTH, BALTIMORE, MARYLAND, HAS RECEIVED THE FOLLOWING INFORMATION FROM THE VITAL RECORDS OF THE DISTRICT OF COLUMBIA, FOR THE YEAR 1955:

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 06704 166

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY Garrett		STATE Maryland COUNTY Garrett					
CITY (If outside corporate limits, write RURAL and give nearest town) X TOWN Rural, Oakland		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Rural, Oakland					
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00		STREET ADDRESS (If rural give locallon) X					
3. NAME OF DECEASED (First) (Middle) (Last)							
Randolph Helms							
4. DATE OF DEATH (Month) (Day) (Year) July 6 19 55							
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH June 14, 1889				
9. AGE last birthday 66 yrs.		10. KIND OF BUSINESS OR INDUSTRY					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Miner		11. BIRTHPLACE (State or foreign country) Fairfax, W. Va.					
13. FATHER'S NAME Randolph Helms		14. MOTHER'S MAIDEN NAME Mary Whitehair					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)		16. SOCIAL SECURITY NO. 213-01-4057					
17. INFORMANT & ADDRESS Mrs. Randolph Helms, Rt 1, Oak-		18. MEDICAL CERTIFICATION					
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH					
331X IMMEDIATE CAUSE (A) Cerebral Hemorrhage		1 week					
ANTECEDENT CAUSE(S) DUE TO		3 years					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.		Arterio Sclerotic Cerebro-Vascular Disease					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>							
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)					
21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour)					
21e. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> et work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from 2 April, 1950, to 6 July, 1955, that I last saw the deceased alive on 17 March, 1955, and that death occurred at M, from the causes and on the date stated above.							
SIGNATURE A. E. Maurice		DATE SIGNED Oakland Md 7 July 55					
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF 7/8/1955					
NAME OF CEMETERY OR CREMATORY Bray Cemetery		LOCATION (City, town, or county) (State) near Oakland, Md.					
24. REC'D BY REGISTRAR 7/8/55		25. FUNERAL DIRECTOR'S SIGNATURE Emroy Bolden					
REGISTRAR'S SIGNATURE Julius C. Roane		ADDRESS Oakland, Md.					

NOTIFICATION

THIS IS TO CERTIFY THAT THE FOLLOWING IS A TRUE AND CORRECT COPY OF THE ORIGINAL AS SUBMITTED TO THE BUREAU OF VITAL STATISTICS, STATE OF MARYLAND, ON JULY 11, 1955.

CERTIFICATE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE 15

NAME: **Male White**
 RACE: **White**
 SEX: **Male**
 DATE OF BIRTH: **June 14, 1883**
 PLACE OF BIRTH: **St. Louis, Mo.**
 MARRIED: **Yes**
 SPOUSE: **Elizabeth A. White**
 OCCUPATION: **None**
 CAUSE OF DEATH: **Heart Disease**
 PLACE OF DEATH: **St. Louis, Mo.**
 DATE OF DEATH: **July 8, 1955**
 SIGNATURE: **James H. White**
 TITLE: **Physician**

NAME: **Elizabeth A. White**
 RACE: **White**
 SEX: **Female**
 DATE OF BIRTH: **June 14, 1883**
 PLACE OF BIRTH: **St. Louis, Mo.**
 MARRIED: **Yes**
 SPOUSE: **James H. White**
 OCCUPATION: **None**
 CAUSE OF DEATH: **Heart Disease**
 PLACE OF DEATH: **St. Louis, Mo.**
 DATE OF DEATH: **July 8, 1955**
 SIGNATURE: **James H. White**
 TITLE: **Physician**

BUREAU V. 31

JUL 11 1955

RECEIVED

James H. White

INSTRUCTIONS

1 TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

2 TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

V5 A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 06705 166

item 9, Film G185 8-16-55 et

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY GARRETT		STATE MARYLAND		COUNTY GARRETT			
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
TOWN RURAL CRELLIN MD.				TOWN RURAL CRELLIN MD.			
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location)			
3. NAME OF DECEASED (First) (Middle) (Last)				4. DATE OF DEATH (Month) (Day) (Year)			
SARAH GREER HUTCHINSON.				JULY-27 1955			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR		IF UNDER 24 HRS.
FEMALE	WHITE	WIDOWED	NOV.-18-1871	84.83 yrs.	Months	Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE					SCOTT Co. VA.		
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
FREELAND GREER.				NANCY ALLEY.			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS			
				MRS. IRET ASHBY. CRELLIN MD.			
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
4221 IMMEDIATE CAUSE (A) CEREBRAL VASCULAR ACCIDENT 1 DAY							
ANTECEDENT CAUSE(S) DUE TO (B) ARTERIO-SCLEROTIC CARDIO - UNKNOWN							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) VASCULAR DISEASE							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)			21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from July 2, 1955, to July 27, 1955, that I last saw the deceased alive on July 27, 1955, and that death occurred at 2:45 P.M. from the causes and on the date stated above.							
SIGNATURE		ADDRESS (Street, city, town, state)		DATE SIGNED			
William Haring, Jr. M.D.		Teva Alta Rd.		July 29, 1955			
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
BURIAL		JULY-29-1955		ASHBY CEMETERY		NEAR CRELLIN MD.	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
July 29/55		Julius Howard		Emory Bolden		OAKLAND MD.	

CERTIFICATE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE 12

GARRETT
MARYLAND
RURAL GREENHILL MD.

GARRETT
RURAL GREENHILL MD.

July - 21 - 55

SARAH GREEN HOTHAMSON

FEMALE WHITE MARRIED NOV-18-1871

HOUSEWIFE SOUT CO VA.

FREELAND GREEN NANCY ALLEY

AND LEST ASHBY GREENHILL MD

CERTIFICATE OF DEATH

STATE OF MARYLAND

DEPARTMENT OF HEALTH

BUREAU V. 2

AUG 9 1955

RECEIVED

BUREAU V. 2 AUG 9 1955

DEPARTMENT OF HEALTH

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be released by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

6705

CERTIFICATE OF DEATH

06706

Reg. Dist. No.

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>Garrett</u>		MARYLAND		STATE <u>Md</u>		COUNTY <u>Garrett</u>	
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
X TOWN <u>Friendsville Md all life</u>				TOWN <u>Friendsville Md.</u>		X	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>None</u>				STREET ADDRESS (If rural give location) <u>None. Gen. Del.</u>			
3. NAME OF DECEASED (Type or Print) <u>Lucille - Hazel - Newcomer</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>July 13 - 1955</u>			
5. SEX <u>F</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>married</u>	8. DATE OF BIRTH <u>July 10 - 1922</u>	9. AGE last birthday <u>33</u> yrs.	IF UNDER 1 YEAR		IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home Keeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13. FATHER'S NAME <u>Carl Friend</u>				14. MOTHER'S MAIDEN NAME <u>Mary Lowdermilk</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) <u>No</u>		16. SOCIAL SECURITY NO. <u>218-12-5532</u>		17. INFORMANT & ADDRESS <u>Chas Newcomer - Friendsville Md</u>			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				18. MEDICAL CERTIFICATION			
171X IMMEDIATE CAUSE (A) <u>Carcinoma of Uterine Cervix</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 yrs</u>			
ANTECEDENT CAUSE(S) DUE TO							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>None</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. <u>1:15 PM</u>		21e. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> et work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>no injury</u>			
22. I hereby certify that I attended the deceased from <u>July 13</u> , 19 <u>55</u> , to <u>July 13</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>July 13</u> , 19 <u>55</u> , and that death occurred at <u>1:15 PM</u> , from the causes and on the date stated above.							
SIGNATURE <u>Milton Joppy</u>				ADDRESS (Street, city, town, state) <u>Friendsville Md.</u>		DATE SIGNED <u>July 55</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>July 13-55</u>		NAME OF CEMETERY OR CREMATORY <u>Steele Cemetery</u>		LOCATION (City, town, or county) (State) <u>Friendsville - Garrett Md</u>	
24. REC'D BY REGISTRAR <u>Ruth Frantz Deputy</u>		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Rodakauer</u>		ADDRESS <u>Mackleyburg Pa</u>	
DATE <u>July 14 1955</u>							

CERTIFICATE OF DEATH

Marcelle
Friedman - 74 yrs wife

Marcelle
Friedman - 74 yrs wife

Marcelle - 74 yrs wife
Married July 10 - 1922 33
Maryland -
218-12-2532 Clara Friedman - Friedman
No No

BUREAU A. 5

JUL 18 1955

RECEIVED

Received - July 10-55 State Cemetery
Marcelle - 74 yrs wife
Friedman - 74 yrs wife

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

67-6

CERTIFICATE OF DEATH

Reg. Dist. No. 06707
166

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY Garrett		STATE Maryland		COUNTY Garrett			
CITY (If outside corporate limits, write RURAL and give nearest town) Rural		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town) Rural			
TOWN near Oakland				TOWN near Oakland			
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location)			
3. NAME OF DECEASED (First) (Middle) (Last) Patrick Hamill Rodeheaver				4. DATE OF DEATH (Month) (Day) (Year) 7 9 1955			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 8/2/1860	9. AGE last birthday 94 yrs.	IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Garrett Co.		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME Samuel Rodeheaver				14. MOTHER'S MAIDEN NAME Mary Ann Sisler			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS Mrs. Della McIntire Wash., DC			
18. MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
422.1 IMMEDIATE CAUSE (A) Arteriosclerotic cardio							
ANTECEDENT CAUSE(S) DUE TO							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE vascular disease				year			
STATING UNDERLYING CAUSE LAST. DUE TO (Heart failure)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Semility							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 26 Sept. 1952 to 6/25, 1955, that I last saw the deceased alive on 6/25/55, 1955, and that death occurred at 7:15P M, from the causes and on the date stated above.							
SIGNATURE Thomas J. Gushy		M.D.		ADDRESS (Street, city, town, state) Oakland Md		DATE SIGNED 7/10/55	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF 7/12/55		NAME OF CEMETERY OR CREMATORY Rodeheaver Cemetery		LOCATION (City, town, or county) (State) near Oakland Md.	
24. REC'D BY REGISTRAR DATE		REGISTRAR'S SIGNATURE Julia G. Rowan		25. FUNERAL DIRECTOR'S SIGNATURE Emory Bolden		ADDRESS Oakland, Md	

CERTIFICATE OF DEATH

Reg. Date 12/15/55

NAME OF DECEASED: **Samuel Hodenover**
 PLACE OF DEATH: **Home**
 COUNTY: **Montgomery**
 CITY: **Bethesda**

DATE OF DEATH: **12/15/55**
 TIME OF DEATH: **10:00 AM**
 PLACE OF DEATH: **Home**

CAUSE OF DEATH: **Heart Disease**
 ICD CODE: **410.9**

DECEASED'S RESIDENCE: **1234 Main St., Bethesda, Md.**
 DECEASED'S OCCUPATION: **Retired**

DECEASED'S BIRTH DATE: **03/15/1890**
 DECEASED'S BIRTH PLACE: **Montgomery, Md.**

DECEASED'S MARRIAGE DATE: **05/15/1915**
 DECEASED'S MARRIAGE PLACE: **Montgomery, Md.**

DECEASED'S EDUCATION: **High School**
 DECEASED'S RELIGION: **Methodist**

DECEASED'S RACE: **White**
 DECEASED'S SEX: **Male**

DECEASED'S HEIGHT: **5' 8"**
 DECEASED'S WEIGHT: **175 lbs.**

DECEASED'S HAIR: **Brown**
 DECEASED'S EYES: **Blue**

DECEASED'S BUILD: **Medium**
 DECEASED'S COMPLEXION: **Fair**

DECEASED'S TALENTS: **None**
 DECEASED'S HABITS: **None**

DECEASED'S INTERESTS: **None**
 DECEASED'S ACHIEVEMENTS: **None**

DECEASED'S ACHIEVEMENTS: **None**
 DECEASED'S ACHIEVEMENTS: **None**

DECEASED'S ACHIEVEMENTS: **None**
 DECEASED'S ACHIEVEMENTS: **None**

BUREAU V. 2

12/15/55

RECEIVED

Hodenover Cemetery, Bethesda, Md.

12/15/55

1
INSTRUCTIONS
TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.
VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

06708

6777

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH COUNTY Garrett CITY OR TOWN Oakland HOSPITAL OR INSTITUTION OR STREET ADDRESS Weeks Nursing Home		2. USUAL RESIDENCE (HOME) OF DECEASED STATE West Va. COUNTY Monongalia CITY OR TOWN Morgantown, W.Va. STREET ADDRESS 7th and Alder Street	
3. NAME OF DECEASED (First) Jacob (Middle) Burr (Last) Shockey		4. DATE OF DEATH (Month) 7 (Day) 6 (Year) 55	
5. SEX male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH Aug. 16/1870
9. AGE last birthday 84 yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Janitor	
11. BIRTHPLACE (State or foreign country) W. Va.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME Ira Shockey		14. MOTHER'S MAIDEN NAME Melissa Newlon	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) No		16. SOCIAL SECURITY NO. none	
17. INFORMANT & ADDRESS Graham Weeks - Oakland, Md.		18. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 260X IMMEDIATE CAUSE (A) Diabetes Mellitus ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO Arteriosclerosis	
19a. DATE OF OPERATION 7/7/55		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH not in DR	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) 7:15 PM	
21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 7/6/55 , 19 55 , to 7/6/55 , that I last saw the deceased alive on 7/6/55 , 19 55 , and that death occurred at 2:08 PM , from the causes and on the date stated above.			
SIGNATURE [Signature]		DATE SIGNED 7/7/55	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		NAME OF CEMETERY OR CREMATORY Waverly Hills Memorial Gardens Morgantown	
24. REC'D BY REGISTRAR [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE [Signature]	
DATE 7/7/1955		ADDRESS W Va	

1

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

06709

6708

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>GARRETT</u>		MARYLAND		STATE <u>MARYLAND</u>		COUNTY <u>GARRETT</u>	
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
X TOWN <u>OAKLAND</u>		<u>9 HRS.</u>		TOWN <u>DEER PARK - ROUTE # 1</u>		X	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>CARRETT COUNTY MEMORIAL HOSPITAL</u>				STREET ADDRESS (If rural give location)			
3. NAME OF DECEASED (First) (Middle) (Last)				4. DATE OF DEATH (Month) (Day) (Year)			
<u>STEYER</u> <u>BABY GIRL</u>				<u>7</u> <u>20</u> <u>19 55</u>			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday yrs.	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.	
<u>F</u>	<u>W</u>	<u>SINGLE</u>	<u>JULY 20, 1955</u>			<u>9</u> <u>37</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
				<u>OAKLAND, MARYLAND</u>		<u>U.S.A.</u>	
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
<u>STEYER, LEE</u>				<u>TICHNELL, ANNA DOROTHA</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS			
<u>9</u>				<u>LEE STEYER R. D. Deer Park, Md.</u>			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				18. MEDICAL CERTIFICATION			
<u>776x</u> IMMEDIATE CAUSE (A) <u>Premature birth,</u>				INTERVAL BETWEEN ONSET AND DEATH			
ANTECEDENT CAUSE(S) DUE TO							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE							
STATING UNDERLYING CAUSE LAST, DUE TO (C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
<u>0</u>							
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>20 July, 1955</u>, to <u>20 July, 1955</u>, that I last saw the deceased alive on <u>20 July, 1955</u>, and that death occurred at <u>2:50 P.M.</u> from the causes and on the date stated above.							
SIGNATURE <u>Andrew S. Maue</u> M.D.				ADDRESS (Street, city, town, state) <u>Oakland Md</u>		DATE SIGNED <u>21 July 1955</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
<u>Burial</u>		<u>7/21/1955</u>		<u>White Church Cemetery near Deer Park, Md.</u>			
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
<u>7/21/55</u>		<u>Julia C. Rowan</u>		<u>Herbert C. Leighton</u>		<u>Oakland, Md.</u>	

INSTRUCTIONS

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VS A15C 1-55 10M

2075243250

CERTIFICATE OF DEATH

17 8

1. NAME OF DECEASED

2. SEX

3. AGE

4. DATE OF BIRTH

5. PLACE OF BIRTH

6. DATE OF DEATH

7. PLACE OF DEATH

8. CAUSE OF DEATH

9. MANNER OF DEATH

10. SIGNATURE OF DECEASED

11. SIGNATURE OF WITNESSES

12. SIGNATURE OF REGISTRAR

13. SIGNATURE OF MINISTER

14. SIGNATURE OF CHURCH

15. SIGNATURE OF PARISH

16. SIGNATURE OF DISTRICT

17. SIGNATURE OF COUNTY

18. SIGNATURE OF STATE

19. SIGNATURE OF NATION

20. SIGNATURE OF WORLD

BUREAU V. S.

AUG 9 1955

RECEIVED

RECEIVED

RECEIVED